Letters

CMAJ publishes as many letters from our readers as possible. However, since space is limited, choices have to be made, on the basis of content and style. Letters that are clear, concise and convenient to edit (no longer than two double-spaced typescript pages, or 450 words) are more likely to be accepted. Those that are single-spaced, handwritten or longer than 450 words will usually be returned or not published. We reserve the right to edit letters for clarity and to abridge those that are unduly long or repeat points made in other letters, especially in the same issue.

Informed consent to HIV testing

Approval by the CMA General Council of the recommendation "that testing for HIV serology be carried out with the patient's informed consent wherever possible", as cited within the report on the CMA's 1988 annual meeting (*Can Med Assoc J* 1988; 139: 662–668), on page 666, establishes a dangerous precedent that I feel is not in the best interests of the patient, the public or the profession, for the following reasons.

- As outlined in an editorial in the *British Medical Journal*,[1] "there is no case law directly on the question of consent to testing, and the cases discussed by [British Medical Association legal advisers] all turn on the question of consent to treatment rather than specifically to testing".
- A patient is offered the option of denying reality: refusing a diagnosis. As emphasized by Kleinman,[2] denial by physicians regarding testing is also not uncommon.
- To impose needless anxiety and suffering before being certain of a diagnosis is cruel. I cannot think of any other serious disease for which a diagnosis is entertained and communicated before all the available evidence is to hand.
- The first principle of containment of any infectious disease epidemic is case-finding. If case-finding of asymptomatic infection cannot be done, the epidemic cannot be controlled. Relying on voluntary measures is particularly dangerous. Voluntary testing based on active case-finding and self-identification failed to identify 24 of 28 HIV-infected mothers in New York.[3]
- It is very much to the personal advantage of an HIV-positive individual to know his or her status, since life-threatening infections and immunosuppressive events may be appropriately avoided.[4]

A particularly sinister aspect of AIDS is its long latent period. Failure to diagnose HIV infection in its asymptomatic stage may put thousands of innocent third parties at risk. Mishandling of the situation may haunt our children's children on into the 21st century.

I feel strongly that testing should be encouraged at the first whiff of suspicion and that there should be no legal constraints on HIV testing. Ironically, by being designated as having a special status, AIDS rather than the public has been protected.

James E. Parker, MB, FRCPC
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References

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2. Kleinman I: Transmission of human immunodeficiency virus: ethical considerations and practical recommendations [E]. *Can Med Assoc J* 1987; 137: 597–599
3. Krasinski K, Borkowsky W, Bebenroth D et al: Failure of voluntary testing for human immunodeficiency virus to identify infected parturient women in a high-risk population [C]. *N Engl J Med* 1988; 318: 185
4. Konotey-Ahulu FID: Surgery and risk of AIDS in HIV-positive patients [C]. *Lancet* 1987; 2: 1146

Stress among emergency medical staff: the US solution

The letter from Dr. Kendall Ho and the response from Dr. Leon Phipps (*Can Med Assoc J* 1988; 139: 1034–1035), author of "Stress among doctors and nurses in the emergency department of a general hospital" (*ibid:* 375–376), discuss the facts that patients often desire admission to hospital when their medical condition doesn't warrant admission, thus creating tension and spawning the occasional "social admission", that patients validly needing admission may be stuck in the emergency department because there are no inpatient beds and that patients use the emergency department for nonemergency conditions. Ho and Phipps blame hospital administrators and general practitioners respectively for most of the problem and suggest that more money be spent on educating the public as to the function of an emergency department.

I do not believe that this advice is sound, since members of the public do not pay directly